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(Requestor's Name) (Address)					
(Address)	400296675464				
(City/State/Zip/Phone #)	03/20/1701024012 **25.00				
(Business Entity Name)					
(Document Number)					
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Office Use Only	20 PH 2: 56				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SEASIDE 404 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL RIZZO

Name of Person

P&A ADMINISTRATIVE SERVICES INC

Firm/Company

17 COURT ST SUITE 500

Address

BUFFALO NY 14202

City/State and Zip Code

RIZZOM@PADMIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL RIZZO

Name of Person

<u>ງ</u> 362-5500

_{at (}716

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: (Registration Section Division of Corporations (P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

Section Section Section Section 1997

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:		LLC		
a) 17 COURT STREET SUITE 500 BUFFALO NY 14202	(b) 17 COURT STREET SUITE 500			BUFFALO NY 14202
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (*/		Mailing address of lim (Note: MAY BE PC	ited liability company:
3/10/2017	- -	_12000	140303	
Date of filing/registration in Florida	4.		Document numbe	 Г
a) TOI AHRENS-ESTES				
Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Stat	.e:	
7215 CHATWORTH COURT				
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		-	
			_	17
UNIVERSITY PARK,	34201			5
Registered Agents Inc.				P P
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> C	Office add	ress:	-	
3030 N. Rocky Point Dr.			_	56
NEW Registered Office Address:				
STE 150A			-	
Tampa	=L			
	a of the	State of Fi	-	confirmed that after
e limited liability company is not organized under the laws	he regis	tered offic	e and the business is hereby confirme	office of the registere d that the change(s)
change or changes are made, the Elorida street address of t at will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the li	the limi	ted liabilit	ty company or as o	therwise provided in
t will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	the limi imited li	ted liabilit	ty company or as o mpany.	therwise provided in

notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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